



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Kritzman	Robert	M.	527-3800
MAILING ADDRESS (Street)			FAX
700 Bishop Street, Suite 900			527-3802
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)			(Zip Code)
(State)			(Zip Code)

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
NCL America (Norwegian Cruise Line)		527-3800
MAILING ADDRESS (Street)		FAX
700 Bishop Street, Suite 900		527-3802
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lori Leong		527-3800
MAILING ADDRESS (Street)		FAX
700 Bishop Street, Suite 900		527-3802
(City)	(State)	(Zip Code)
Honolulu	HI	96813

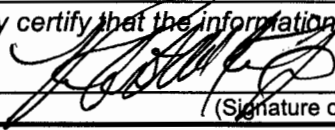
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

x




(Signature of Lobbyist)

JAN 28 2005

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Robert M. Kritzman		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Executive VP & Managing Director, Hawaii Operations	
NAME OF ORGANIZATION (if applicable) NCL America (Norwegian Cruise Line)		TELEPHONE 527-3800	
MAILING ADDRESS (Street) 700 Bishop Street, Suite 900		FAX 527-3802	
(City) Honolulu	(State) HI	(Zip Code) 96813	
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			
x 		JAN 28 2005	
(Signature of Authorizing Officer or Person Represented)		(Date)	